

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LARRY MCNAIR

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

IMPERIAL ADVANCE, RYAN
THOMPSON, CAUCASIAN EMPLOYEE
MICHAEL AFRICAN AMERICAN
EMPLOYEE SCOTT

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

14 CV 8961

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name LARRY MCNAIR
~~NAME~~
~~Current Institution~~
Address 2070 74th AVE # 55
NEW YORK, N.Y. 10027

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name IMPERIAL ADVANCE PER. Shield #
 Where Currently Employed IMPERIAL ADVANCE
 Address 132 W. 36th ST., NEW YORK, N.Y.
10018

Defendant No. 2 Name RYAN THOMPSON Shield #
 Where Currently Employed IMPERIAL ADVANCE
 Address 132 W. 36th ST.
NEW YORK, N.Y. 10018

Defendant No. 3 Name CAUCHON MALE MOUTH Shield #
 Where Currently Employed IMPERIAL ADVANCE
 Address 132 W. 36th ST.
NEW YORK, N.Y. 10018

Defendant No. 4 Name A300 AMERICAN MALE SCOTT Shield #
 Where Currently Employed IMPERIAL ADVANCE
 Address 132 W. 36th ST.
NEW YORK, N.Y. 10018

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? 9/30/2014
At approximately 2:30 P.M. 4700 DELAWARE ST. S.
MALE

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No X Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No X Do Not Know _____

If YES, which claim(s)? N/A

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

WITH THE NEW YORK STATE ATTORNEY GENERAL

1. Which claim(s) in this complaint did you grieve? FRAUD, MISAPPROPRIATION OF FUNDS, CONSPIRACY TO DEFRAUD, INTERNAL SECURITY - FEDERAL

2. What was the result, if any? STILL WAITING FOR A RESPONSE. CHASE BANK: NO ACCOUNTS, NO CHECKS

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

NO APPEAL NEEDED TO RESOLVE LOCAL STATE CITY, AND FEDERAL LAW VIOLATIONS

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

AND SUBSEQUENT COMPLAINTS

D. Facts: ON 9/30/14 THE IMPERIAL ADVANCE COMPANY

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

AND EMPLOYEE DEPOSITED NAMED HERBERT SEVER PLAINIFF LARRY MCJANE A POWER CHECK IN THE AMOUNT OF FIFTY THOUSAND THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS (\$59,750.00) TO DEPOSIT IN HER ACCOUNT AND/OR CASH FOR BUSINESS OPERATIONS WITHOUT PLAINIFF HAD NO KNOWLEDGE OF SAID CHECK ALSO DID NOT BEAR AN ACCOUNT # FROM DEPOSITORS AS PROOF AND VERIFICATION OF SAID FUNDS. THUS DEFENDANTS ARE IN FACT, TRIED TO MISAPPROPRIATE THESE FUNDS, AT THE SAME TIME REMAIN THE GOVERNMENT WITH PRIOR KNOWLEDGE THAT SAID CHECK COULD NOT BE CASHED AND/OR USED FOR BUSINESS PURPOSES WITHOUT THE ACCOMPANY OF AN ACCOUNT NUMBER. ON 10/1/14 PLAINIFF WENT TO DEFENDANTS SAID ESTABLISHMENT IN SEARCH OF ANSWERS AS TO THE AUTHENTICITY OF SAID CHECK UPON ARRIVAL PLAINIFF WAS OVERTAKEN BY DEFENDANT CAUCASIAN MICHEL, WHO INFORMED PLAINIFF THAT THE CHECK WAS LEGITIMATE AND CASHABLE WITHIN AN ACCOUNT NUMBER, AND THAT PLAINIFF WOULD BE ELIGIBLE TO RECEIVE UP TO TWO THOUSAND FIFTY DOLLARS (\$2,000.00) FOR A PROBLEM HE HAD NO

III. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. BY ALREADY BEING IN DEBT, AND/OR FINANCIAL STRUGGLE, BECAUSE OF THE HUMAN RESOURCES ADMINISTRATION, DISCONTINUING MY MUCH NEEDED CASH ASSISTANCE, AND RECENTLY BEING DENIED SOCIAL SECURITY INCOME (SSI) EVEN THOUGH I AM NOW CONFINED TO A WHEELCHAIR, AND CANNOT FILL MY MEDICAL AND PSYCHIATRIC MEDICATIONS, BECAUSE OF THAT I AM AT RISK OF BEING HOMELESS (EJECTED) CANNOT PAY UTILITY, AND/OR

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I informed friends and family who alerted the Boston Business Bureau. I have yet to receive a response from.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

For the local, city, state and federal violations in connection with the operation of this bogus money lending company and causing plaintiff tremendous emotional stress and mental anguish, plaintiff lawfully seeks \$100,000.00 from each defendant in their personal individual and official capacity. Plaintiff also seeks \$100,000.00 from each defendant in the same manner for punitive damages that conduct with the illegal performances and operation of an organization that is not only unfair to people living in poverty but takes money as well. Plaintiff asks the court to order each defendant to shut down this Ponzi scheme for good.

VI. Previous lawsuits:

On these claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff LARRY MCNAIRDefendants SOCIAL SECURITY TEMPORARY DISABILITY ASSISTANCE

2. Court (if federal court, name the district; if state court, name the county): SOUTHERN DISTRICT OF NEW YORK

3. Docket or Index number PENDING

4. Name of Judge assigned to your case DEBORAH

5. Approximate date of filing lawsuit FIRST PART OF OCTOBER, 2010

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On other claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff LARRY MCNAIRDefendants CITY OF NEW YORK; N.Y.P.D., BT, AL

2. Court (if federal court, name the district; if state court, name the county): SOUTHERN DISTRICT OF NEW YORK

3. Docket or Index number 13 CIV. 728 (ADA) (RJS)

4. Name of Judge assigned to your case RICHARD J. SULLIVAN

5. Approximate date of filing lawsuit 11/20/13

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition 6/4/14

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) RULE 68 ORDER
IN FAVOR OF PLAINTIFF, PRO SE, FAVOR.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6th day of NOVEMBER, 2014

Signature of Plaintiff

~~Inmate Number~~

Institution Address

[Signature]
N/A
N/A
2070 7th AVE #55
NEW YORK, N.Y. 10027

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 6th day of NOVEMBER, 2014 I am delivering this complaint to ~~prison~~ U.S. MARSHAL authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

WORKING CAPITAL FOR BUSINESS OWNERS

CONGRATULATIONS!!! LARRY MCNAIR HAS BEEN PRE-APPROVED TO RECEIVE UP TO \$250,000 IN WORKING CAPITAL. BUSINESS OWNERS ARE ELIGIBLE TO RECEIVE THE FUNDS WITHIN THE NEXT 5 BUSINESS DAYS. OUR WORKING CAPITAL SOLUTIONS PROVIDE YOU WITH SEVERAL OPTIONS TO MEET YOUR FINANCIAL NEEDS.

IMPERIAL ADVANCE IS ACTIVELY SEEKING BUSINESS OWNERS WHO NEED ADDITIONAL WORKING CAPITAL. WHILE MANY BANKS CONTINUE TO CLOSE BUSINESS CREDIT LINES AND TIGHTEN LENDING CRITERIA, WE CONTINUE TO OFFER FUNDING FOR BUSINESS OWNERS. FUNDING IS NOT DEPENDENT UPON YOUR PERSONAL CREDIT HISTORY.

HOW THIS BENEFITS YOU:

- PURCHASE INVENTORY
- ADVERTISE YOUR BUSINESS
- MAKE RENOVATIONS OR REPAIRS
- CAPITALIZE ON NEW OPPORTUNITIES
- TAXES
- PAYROLL
- PURCHASE EQUIPMENT
- ANY PURPOSE IS OK

OVER THE YEARS IMPERIAL ADVANCE HAS PROVIDED THOUSANDS OF BUSINESS OWNERS JUST LIKE YOURSELF THE CASH THEY NEEDED TO MEET THEIR WORKING CAPITAL NEEDS. WITH OUR QUICK AND EASY APPROVAL PROCESS, EVEN IF YOUR PERSONAL CREDIT IS POOR, YOU MAY STILL QUALIFY TO GET THE FUNDING YOU NEED FROM \$5000 TO \$250,000 PER LOCATION.

IF YOU NEED CASH FOR BUSINESS EXPANSION, PAYROLL, INVENTORY, ADVERTISING, TAXES OR ANY OTHER REASON CALL IMPERIAL ADVANCE NOW AT 1-877-772-7951 TO GET THE FUNDS YOU NEED WITHIN THE NEXT 5 DAYS.

CALL 1-877-772-7951

WE PROVIDE IMMEDIATE FUNDING WHEN OTHERS DECLINE!!!

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS AN EAGLE & FLAG WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Imperial Advance
132 W 36th St
New York, NY 10018

711030930

Date	Check No.	Amount
09/30/2014	711030930	\$59,750.00

Tracking Code: 0930-MP-9586

FIFTY NINE THOUSAND SEVEN HUNDRED AND FIFTY *****Dollars

PAYOR: Larry Monair
2070 7th Ave Apt 5S
New York NY 10027-4987

9493




AUTHORIZED SIGNATURE
Ryan Thompson